

DEC. 16. 2009 3:23PM

NO. 7513 P. 1
RECEIVED
CENTRAL FAX CENTER

DEC 16 2009

FAX TRANSMISSION

DATE: December 16, 2009

PTO IDENTIFIER: Application Number 09/520,004-Conf. #7731
Patent Number

Inventor: John P. Maye et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: EDWARDS ANGELL PALMER & DODGE LLP

Dwight D. Kim, Ph.D.

PHONE: (617) 517-5588

Attorney Dkt. #: 61755(51035)

PAGES (Including Cover Sheet): 11

CONTENTS:

- Fee Transmittal (1 page)
- Transmittal (1 page)
- Notice of Appeal (1 page)
- Pre-Appeal Brief Request for Review (1 page)
- Remarks (5 pages)
- Certificate of Transmission (1 page)
- Charge \$270.00 to deposit account 04-1105

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 517-5588 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 239-0100 Facsimile: (617) 227-4420

DEC. 16. 2009 3:23PM

NO. 7513 P. 2

RECEIVED
CENTRAL FAX CENTER

DEC 16 2009

PTO/SB/87 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 09/520,004

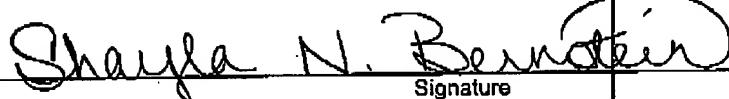
Attorney Docket No.: 61755(51035)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on December 16, 2009

Date



Signature

Shayla N. Bernstein

Typed or printed name of person signing Certificate

(617) 239-0638

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fax Cover Sheet (1 page)
 Fee Transmittal (1 page)
 Transmittal (1 page)
 Notice of Appeal (1 pages)
 Pre-Appeal Brief Request for Review (1 page)
 Remarks (5 pages)
 Charge \$270.00 to deposit account 04-1105

DEC. 16. 2009 3:23PM

RECEIVED
NOV 19 2009
CENTRAL FAX CENTER

DEC 16 2009

PTO/SB/21 (07-09)

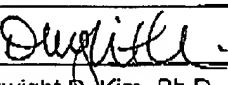
Approved for use through 07/31/2012. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/520,004-Conf. #7731
Total Number of Pages in This Submission	Filing Date March 6, 2000	First Named Inventor John P. Maye
	Art Unit 1794	Examiner Name V. Stulii
	Attorney Docket Number 61755(51035)	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet Certificate of Transmission Pre-Appeal Brief Request for Review Remarks
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Dwight D. Kim, Ph.D.		
Date	December 16, 2009	Reg. No.	57,665

BOS2 771004.1

PAGE 3/11 * RCVD AT 12/16/2009 3:26:51 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-5/21 * DNIS:2738300 * CSID: * DURATION (mm:ss):02-12

BEST AVAILABLE COPY

DEC. 16. 2009 3:24PM

NO. 7513 P. 4
CENTRAL FAX CENTER

DEC 16 2009

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<i>Complete If Known</i>	
FEE TRANSMITTAL For FY 2009		Application Number	09/520,004-Conf. #7731
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 6, 2000
TOTAL AMOUNT OF PAYMENT	(\$ 270.00)	First Named Inventor	John P. Maye
		Examiner Name	V. Stulii
		Art Unit	1794
		Attorney Docket No.	61755(51035)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105	Deposit Account Name: Edwards Angell Palmer & Dodge LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- 20 or HP =	x _____	= _____		Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP =	x _____	= _____					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/50 =	(round up to a whole number) x _____		= _____			
4. OTHER FEE(S)						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)						270.00	
Other (e.g., late filing surcharge): 2401 Notice of appeal							

SUBMITTED BY	
Signature	Dwight D. Kim, Ph.D.
Name (Print/Type)	Registration No. (Attorney/Agent) 57,665
	Telephone (617) 517-5588
	Date December 16, 2009

BOS2 771015.1